Revision: HCFA-AT-80-38 (BPP) OMB No.: 0938-0193

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State/Territory:

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4.27 <u>Disclosure of Survey Information and Provider</u>

42 CFR 431.115(c) <u>or Contractor Evaluation</u>

AT-78-90 AT-79-74 The Medicaid agency has established procedures for disclosing pertinent

meet all the requirements in 42 CFR 431.115.

findings obtained from surveys and provider and contractor evaluations that

TN No. 80-6 Supersedes TN No.

Approval Date 12/12/79 Effe

Effective Date ____10/15/79